

# Services Request Form

**Document Tips**

**Pasting Text**

Use Ctrl + V to paste copied text into a text field

**"+" Sign**

If the text entered in a text field exceeds the visible area, you will observe a "+" sign.

|   |  |  |                        |
|---|--|--|------------------------|
| <b>1.</b>   | <b>Requested by:</b> (primary contact for which questions about your application will be directed to)                            |  |                        |
|   | <b>Name (REQUIRED)</b>   |  |                        |
|   | <b>Phone Number (REQUIRED)</b>   |  |                        |
|   | <b>Email (REQUIRED)</b>  |  |                        |
|   | <b>Institution/Org (REQUIRED)</b>  |  | <b>Dept (REQUIRED)</b> |
|   | <b>Discipline</b>  |  |                        |
|   | <b>Mailing Address</b>   |  |                        |
| <b>2.</b>   | <b>Applicant/PI:</b> (if different from the primary contact identified above, i.e. project sponsor, PI)                          |  |                        |
|   | <b>Name</b>  |  |                        |
|   | <b>Phone Number</b>  |  |                        |
|   | <b>Email</b>   |  |                        |
|   | <b>Institution/Organization</b>  |  | <b>Department</b>      |
|   | <b>Discipline</b>  |  |                        |
|   | <b>Mailing Address</b>   |  |                        |
| <b>3.</b>   | <b>Select the <i>role (single selection)</i> that best applies to the Requester/Applicant/PI: (REQUIRED)</b>                     |  |                        |
| <p><b>Other role:</b></p> <p><b>Is the applicant a New Alberta Researcher?</b><br/> <u>Researcher new to Alberta</u> - either a new faculty member who finished training in the past 3 years or an established researcher who has moved to Alberta (from another province or country) within the last three years and who has not previously held an academic appointment in Alberta.</p> |  |  |                        |
| <b>4.</b>   | <b>Has there been a <u>previous request</u> ( YES NO ) or <u>interaction</u> ( YES NO ) with AbSPORU regarding this project?</b> |  |                        |
| <p><b>If yes, which platform(s):</b> To select multiple selections, hold down the Ctrl key (Cmd on a Mac) while clicking on multiple items</p>  |  |  |                        |

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| 5.  | <b>Study Long Title: (REQUIRED)</b>   |
|   | <b>Study Short Title (REQUIRED):</b> If available, use the short title entered in the ethics application or (Sponsor Initials) ProtocolNumber_ShortTitle/Acronym  |
| 6.  | <b>Type of Study: (select all that apply)</b> To select multiple selections, hold down the Ctrl key (Cmd on a Mac) while clicking on multiple items   |
| 7.  | <b>Research Ethics Status</b> <span style="float: right;">Indicate the Ethics Application Number</span><br>Please see the <i>Research Ethics Approval</i> section for more details.   |
|   | <b>ETHICS APPROVAL OBTAINED</b> - include a copy of the Ethics Approval (and renewal if applicable). <b>If requesting data</b> , also include the Research Proposal and list of data requirements. Per the Health Information Act, research-related requests cannot be processed until this documentation is received.<br><b>ETHICS APPROVAL NOT REQUIRED AT THIS STUDY STAGE</b> - (i.e. Grant application, project planning etc.)<br><b>ETHICS APPROVAL NOT REQUIRED FOR THIS PROJECT</b> |
| 8.  | Please list: 1) the <u>PRIMARY SITE</u> the research is taking place, or 2) the <u>COORDINATING SITE</u> if this is a multi-site project, or 3) the <u>ACADEMIC INSTITUTION</u> if this is an academic project, or 4) the Strategic Clinical Network (SCN). <b>ONLY ONE (1) site is to be indicated. (REQUIRED)</b><br><br>Is this a <u>multi-site study</u> ?      YES      NO   |
| 9.  | Please indicate target <b>START</b> and <b>COMPLETION</b> date(s) for AbSPORU services ( <i>dd/mm/yyyy</i> ):<br><b>Target Start Date:</b> <span style="margin-left: 150px;"><b>Target Completion Date:</b></span>  |
| 10.   | <b>Funding Type: (select all that apply)</b>  |
| <b>Please describe funding type if Other:</b> |   |

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| <p><b>Indicate if the project will be funded by the following initiative(s)?</b> To select multiple selections, hold down the Ctrl key (Cmd on a Mac) while clicking on multiple items</p> |  |
| <p><b>If you are requesting a grant review, indicate which grant(s) you are applying for and the grant deadline(s):</b></p>  |  |
| <p><b>Grant deadline date (dd/mm/yyyy):</b></p>  |  |
| <p><b>11.</b></p>  | <p><b>Indicate whether your project involves one or more of the following AHS strategic clinical networks, other SPOR entities, or AbSPORU priority areas:</b></p> |
| <p><b>Strategic Clinical Network(s):</b></p>   | <p><b>National SPOR Network(s):</b></p>  |
| <p><b>SPOR SUPPORT Unit(s):</b></p>  | <p><b>EDI Priority Area(s) – Health Issues of:</b></p>   |

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| <p><b>12.</b></p>  | <p><b>Patient-Oriented Research (POR)</b><br/>         POR refers to a continuum of research that engages patients as partners, focuses on patient-identified priorities and improves patient outcomes. This research, conducted by multidisciplinary teams in partnership with relevant stakeholders, aims to apply the knowledge generated to improve healthcare systems and practices.</p> <p style="text-align: center;">Seeking support from the Patient Engagement Platform (please complete question 14).</p> <p><b>Indicate which aspect of POR your research applies to (select all that apply):</b> To select multiple selections, hold down the Ctrl key (Cmd on a Mac) while clicking on multiple items</p> |
| <p><b>Describe how your research meets the POR aspect(s) selected above.</b></p> |   |
| <p><b>13.</b></p>  | <p><b>Plans for End-User Engagement</b><br/>         Examples of end-users include, but are not limited to: patients, clinicians, other healthcare professionals, clinical support services, industry or policy makers engaged during the research process, and/ or post-study end-user engagement through workshops, policy briefs, and other active dissemination.</p> <p style="text-align: center;">Seeking support from the Knowledge Translation Platform</p>   |
| <p><b>Describe your plans for end-user engagement (REQUIRED):</b></p>            |   |
| <p><b>14.</b></p>  | <p><b>Potential for Impact (REQUIRED)</b><br/>         Identify how the research/outcomes of the project could have impact on patients or the health system:</p>  |
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| 15.   | <b>Lay Abstract (REQUIRED)</b><br>Describe the research plan in language suitable for someone with no experience in your research area.  |
| 16.   | <b>Project Description</b><br><b>Subheadings: Problem, Significance, Research Question, Approach (quantitative, qualitative or mixed methods).</b> This should be written in language suitable for someone with no experience in your research area. <ul style="list-style-type: none"><li>• All areas should be addressed when applying for project support.</li><li>• If requesting project refinement or feasibility assessment, or feedback, please include as much information as possible. Include your methodology including: population/setting, intervention or exposure (if applicable), data sources, sample size estimation and justification, analytic plans, pilot data, and timeline.</li><li>• A separate protocol may be submitted, however, all above headings must be covered. If any are not covered, please include the missing headings below.</li></ul> |
| 17.   | <b>AbSPORU Support Requested</b>   |
| <b>Provide a brief description of the AbSPORU support you require (REQUIRED):</b> |  |

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If you are requesting a **GRANT REVIEW**, identify the **purpose** of the grant review:

Specify the grant review purpose if Other:

Specify the type of data you will be using for your project:

In the following lists, select **AbSPORU services** you are requesting (all that apply): To select multiple selections, hold down the Ctrl key (Cmd on a Mac) while clicking on multiple items

**Data Feasibility and Design**

**Data Management**

**Data Analysis**

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| <p><b>Quality Assurance</b></p> <p><b>Knowledge Synthesis</b></p> <p><b>Knowledge Translation</b></p> <p><b>Implementation Science</b></p> <p><b>Patient Engagement</b></p> <p><b>Stakeholder Engagement</b></p> |
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|------------|---|
| <b>18.</b> | <b>Other AbSPORU Support/Service(s)</b> |
|------------|---|

Describe support or service(s) that are required and not listed above:

## Disclaimer

### Alberta SPOR SUPPORT Unit - TERMS OF USE

Alberta Innovates is collecting your personal information under the authority of section 33(c) of the Freedom of Information and Protection of Privacy Act. Your information will be used and shared with our partners in the Alberta SPOR SUPPORT UNIT to 1) contact you regarding your request for resources and the services offered by the Alberta SPOR SUPPORT Unit; and 2) to communicate with you, for example, to respond, to correspondence, to assess your request, to provide information, and/or to notify. (The Alberta SPOR SUPPORT Unit has partners at the University of Alberta, University of Calgary, University of Lethbridge, Athabasca University, Alberta Health Services, Alberta Health, Canadian Institutes for Health Research, and Alberta Innovates)

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By submitting this application, you have read and agree to the above Terms of Use.

If you have a question or concerns about any collection, use or disclosure of information by EDGE Alberta, please contact the AbSPORU Case Manager, by email at [absporu@albertainnovates.ca](mailto:absporu@albertainnovates.ca).

I Agree

**Please complete a spell check of all document form field text entries by selecting F7 and then Start**